

Statement of Deficiencies

8817-F: Orientation

Not Met

Findings/Corrections

8817 F. 1. (a.-e.) The Provider's orientation program failed to include training in the following topics for staff [new staff hired]: d) procedures for and legal requirements concerning the reporting of abuse and critical incidents;

*ALTHOUGH THE STAFF HAD A CHECKLIST DOCUMENTING THEY WERE TRAINED , THE FACILITY DOES NOT HAVE DOCUMENTATION OF THIS INFORMATION CONCERNING THE PROCEDURES FOR AND LEGAL REQUIREMENTS CONCERNING THE REPORTING OF ABUSE AVAILABLE.

8817-I: Personnel Files

Not Met

Findings/Corrections

8817 I. 1. (a.-i.) The Provider failed to maintain a personnel record for each employee identified below that included:

b. a criminal history check, prior to an offer of employment, in accordance with state law, [3 NEWLY HIRED STAFF HAVE CONVICTIONS OF SOME TYPE AND ALTHOUGH THERE ARE STATEMENTS (WAIVERS)IN THE FILE DONE BY THE ASSISTANT DIRECTOR, THERE FAILS TO BE DOCUMENTATION OF WHAT THE STAFF WAS ACTUALLY CONVICTED OF. WAIVER DONE BY THE ASSISTANT ADMINISTRATOR DOES NOT INCLUDE ALL REQUIRED INFORMATION AS REQUIRED IN RS 40:1300.53. ALSO, THE NEWLY HIRED DIRECTOR FAILS TO HAVE DOCUMENTATION OF A SATISFACTORY CRIMINAL RECORD CHECK.];

e. documentation of three reference checks, [NEW ASSISTANT DIRECTOR HIRED,];

8819-A,B: Required Staffing

Not Met

Findings/Corrections

* New - 8819 B. 1. a. The facility failed to have a qualified director who is an on-site employee and is responsible for the day-to-day management, supervision, and operation of the facility.

*Mr. Bill Brewer has been named as the Director of the facility and he is not an on-site employee.

8821-F: Emergency and Evacuation Procedures

Not Met

Findings/Corrections

8821 F.3.b. The Provider's emergency and evacuation procedures failed to include the means for an ongoing safety program including continuous inspection of the facility for possible hazards, continuous monitoring of safety equipment and investigation of all accidents or emergencies.

* THE PROVIDER'S PROCEDURES FOR EMERGENCY AND EVACUATION DO NOT INCLUDE THEIR PROCEDURES FOR AN ONGOING SAFETY PROGRAM TO INCLUDE THE ABOVE. WHILE THE FACILITY CONDUCTS A MONTHLY INSPECTION THE PROCEDURE FOR THIS MONTHLY INSPECTION IS NOT INCLUDED IN THE OVERALL PLAN AND THE PROCEDURE FOR INVESTIGATION OF ALL ACCIDENTS AND EMERGENCIES IS NOT ADDRESSED IN THE PLAN.

Statement of Deficiencies

8821-G: Critical Incidents

Not Met

Findings/Corrections

* **New** - 8821 G. 2. When an incident occurred the Provider failed to make a detailed report of the incident including:

- d. immediate treatment and follow-up care;
- e. address of witnesses;
- g. symptoms of pain and injury discussed with the physician; and
- h. signatures of the director.

* NONE OF THE 12/04 INCIDENT REPORTS CONTAINED THE SIGNATURE OF THE DIRECTOR.

** SEVERAL REPORTS WERE LACKING INFORMATION CONTAINING FOLLOW-UP CARE. ONE REPORT INDICATED THAT A RELATIVE OF THE RESIDENT WOULD BE COMING TO BRING THE RESIDENT TO THE HOSPITAL. NOTHING ELSE WAS RECORDED. ALL OF THE REPORTS ENDED WITH : "WILL FOLLOW-UP AS NEEDED".

8821 G. 3. g. The Provider failed to document its compliance with all of the procedures of 8821.G.3.a.-f. for each incident, and failed to keep such documentation (including any written reports or notification) in the resident's file for incidents which resulted in death of a resident, involved abuse or neglect of a resident, or entailed a serious threat to the resident's health, safety or well-being with a separate copy of all such documentation kept in the provider's administrative file.

8821-H: Abuse and Neglect

Not Met

Findings/Corrections

8821 H. (1.-6.) The Provider failed to have comprehensive written procedures concerning resident abuse and neglect to include provisions for:

- 1) training and maintaining staff awareness of abuse prevention, current definitions of abuse and neglect, reporting requirements and applicable laws;
- 2) ensuring that regulations stipulated in 8821.G.3 for reporting critical incidents involving abuse and neglect are followed;
- 3) ensuring that the resident is protected from potential harassment during the investigation;

*REVIEW OF THE POLICIES AND PROCEDURES INDICATES THAT THE PROVIDER DOES NOT INCLUDE IN THEIR COMPREHENSIVE WRITTEN PROCEDURES THE APPLICABLE LAW AND REPORTING REQUIREMENTS-

*THE POLICY DOES NOT STATE **HOW** THE PROVIDER PLANS TO ENSURE THAT THE RESIDENT WILL BE PROTECTED FROM POTENTIAL HARRESSMENT DURING THE INVESTIGATION..

8823-A: Admission Criteria

Not Met

Findings/Corrections

* **New** - 8823 A. 2. (a.-c.) The facility accepted or retained residents in need of additional care beyond routine personal care as evidenced by:

* 2 OF 3 NEWLY ADMITTED RESIDENTS (11/11/04, 11/11/04 AND 12/17/04) HAD MEDICAL INFORMATION ON FILE INDICATING THAT THE DOCTORS WERE APPROVING THEM FOR PLACEMENT IN AN IC-1 FACILITY - MEDIUM CARE REQUIRED, INCLUDES NEED OF NURSING CARE TO MANAGE A PLAN OF CARE OR MORE ASSISTANCE WITH EXTENSIVE PERSONAL CARE AMBULATION AND MOBILIZATION. THE DOCTOR'S REPORT FOR 1 OF THOSE 2 CLIENTS INDICATED THAT THE CLIENT REQUIRED 24 HOUR CARE. ON DOCTOR'S ORDERS DATED 11/1/04, THE DOCTOR WRITES " MAY NOT SELF ADMINISTER MEDICATIONS" FOR 1 OF THOSE 2 CLIENTS. THESE 2 RESIDENTS ARE NOT APPROPRIATELY PLACED IN THIS FACILITY ACCORDING TO DOCUMENTATION ON FILE.

Statement of Deficiencies

8827-A: Assessment, Service Coordination and Monitoring

Not Met

Findings/Corrections

* **New** - 8827 A. 1. (a.-g.) The Provider failed to conduct an assessment of an admitted resident, to determine the needs and preferences of the resident that included:

- e. recreational and social activities which are suitable or desirable;
- f. a plan for handling special emergency evacuations needs, if any.

* ALL OF THE ASSESSMENTS REVIEWED SAY THE SAME THING:

- RECREATIONAL - "AS TOLERATED"
- PLANS FOR HANDLING....NEEDS - " WILL ASSIST RESIDENTS TO THE DESIRED EVACUATION DESTINATION PRN".

* **New** - 8827 A. 3. The service plan failed to be responsive to the resident's needs and preferences.

SERVICE PLANS FAILED TO ADDRESS THE RESIDENTS' SPECIFIC NEEDS - SUCH AS HOME HEALTH SERVICES, INCONTINENCE, MONEY MANAGEMENT, SUBSTANCE ABUSE ISSUES, REORDERING OF MEDICATION, SOCIAL NEEDS(GROUP WITH AN OUTSIDE PROVIDER).

8827 A. 4. (a.-c.) The service plan failed to include:

- a. the resident's needs;
- b. the scope, frequency, and duration of services and monitoring that will be provided to meet the resident's needs; and
- c. staff/providers responsible for providing the services inclusive of third-party providers.

** SEE COMMENT FOR 8827.A.3

* **New** - 8827 A. 7. Each service plan and review failed to be signed by the resident, facility staff, and the representative.

* ONE NEWLY ADMITTED RESIDENT 011/11/04) HAS A LEGAL GUARDIAN. THE FACILITY FAILED TO HAVE THE LEGAL GUARDIAN SIGN OFF ON ANY OF THE FORMS.

8827-C,D: Medications and Health Related Services

Not Met

Findings/Corrections

8827 C. 2. The Provider failed to assist residents in the self-administration of prescription and non-prescription medication as agreed to in their contract or service plan and as allowed by state statute/regulations.

* SPECIALISTS OBSERVED STAFF ASSISTING WITH THE 1100AM MEDICATIONS. STAFF HANDED 1 RESIDENT HIS BOTTLE OF LIQUID MEDICINE AND DIRECTED HIM TO POUR IT INTO A STYROFOAM CUP THAT HAD NO MARKINGS INSTEAD OF A MARKED MEASURING CUP. THE STAFF LOOKED OVER THE RESIDENT'S SHOULDER AND TOLD HIM TO "STOP" WHEN SHE THOUGHT HE HAD THE CORRECT DOSAGE IN THE CUP.

*THE PROVIDER IS RESPONSIBLE FOR REORDERING MEDICATIONS FOR THE RESIDENTS. IN NOVEMBER AND DECEMBER OF 2004, THERE WERE INSTANCES IN TWO RESIDENTS, WHO USE TWO LOCAL PHARMACIES, WHO RAN OUT OF THEIR PRESCRIPTION MEDICATION.

*ALTHOUGH STAFF HAD TRAINING DOCUMENTED IN MEDICATION PROCEDURES, THE DOCUMENTATION REVIEWED INDICATES STAFF ARE NOT COMPLETING THE FORMS ACCURATELY. SPECIALISTS WERE PRESENTED WITH TWO MARS FORMS FOR EACH MONTH. THE ACTUAL MARS BEING COMPLETED BY STAFF WHEN THEY ASSIST WITH MEDICATION IS NOT THE FORM FILED IN THE RESIDENT RECORD. IN REVIEW OF THESE FORMS, THE FOLLOWING WAS OBSERVED:

- ADMINISTRATION OF MEDICATIONS DO NOT CORRESPOND
- THE WORKING COPY WOULD INDICATE THAT MEDICATIONS WERE GIVEN WHILE THE RECORD COPY WOULD INDICATE THEY WERE NOT AND VICE VERSA.
- THE LEGEND SECTION THAT WOULD CONTAIN THE SIGNATURE OF THE STAFF AND THEIR ACCOMPANYING INITIALS FAILED TO BE COMPLETED ON THE MARS SHEETS.

Statement of Deficiencies

8827-F: Meals

Not Met

Findings/Corrections

8827 F. 8. Food failed to be sufficient in quantity and quality.

* THERE FAILED TO BE ANY MILK STORED IN THE REFRIGERATOR TODAY FOR THE RESIDENTS TO DRINK WITH THEIR LUNCH. ACCORDING TO THE POSTED MENU, MILK WAS SUPPOSE TO BE THE BEVERAGE CHOICE FOR LUNCH.

8827-G: Menus

Not Met

Findings/Corrections

8827 G. 2. The Provider failed to furnish medically prescribed diets to residents for which it contracted either in the contract or in the service plan. Menus for medically prescribed diets failed to be planned or approved by a registered licensed dietitian.

** THE DIETICIAN APPROVED MENU DOES NOT COVER ALL OF THE SPECIAL DIETARY NEEDS THE RESIDENTS HAVE. CERTAIN SPECIAL DIETS ARE NOT OFFERED BY THE FACILITY.

** THOSE RESIDENTS WHO REQUIRED THE "HIGH FIBER" DIET TODAY WERE NOT GIVEN THAT DIET FOR LUNCH. INSTEAD OF BEING SERVED "WHOLE GRAIN" BREAD FOR THEIR SANDWICH, THE RESIDENTS WERE SERVED "WHITE" BREAD.

* **New** - 8827 G. 3. Records of all menus as served failed to be kept on file for at least 30 days.

* SEE COMMENT FOR 8827.G.4.

8827 G. 4. Substitutions made on the master menu failed to be recorded in writing.

* ALTERNATE FOODS THAT ARE BEING SENT TO THE FACILITY ARE NOT ON THE POSTED MENU THAT IS APPROVED BY THE DIETICIAN.

** FACILITY IS "FLIP FLOPPING" THE LUNCH AND SUPPER SEVERAL DAYS A MONTH. THESE CHANGES (SUBSTITUTIONS) ARE NOT BEING RECORDED ON THE MENU.

8829-D: Food Service

Not Met

Findings/Corrections

8829 D. 4. Kitchens and dining facilities failed to be adequate to serve the number of residents residing in the facility. Facilities failed to meet all applicable sanitation and safety standards.

* TEMPERATURES OF FOOD (EGG SALAD SANDWICH) THAT WAS CATERED IN ON TODAY FROM THE CENTRAL KITCHEN WAS MAINTAINED AT APPROXIMATELY 48 - 60 DEGREES AS OPPOSED TO THE TEMPERATURE AS REQUIRED BY THE HEALTH DEPARTMENT ACCORDING TO THE FACILITY CHART.

** ALSO, THERE WERE SEVERAL DAYS SO FAR IN JANUARY 2005, WHERE THE HOT FOOD THAT WAS SERVED TO THE RESIDENTS FAILED TO BE MAINTAINED AT THE TEMPERATURE AS REQUIRED BY THE HEALTH DEPT(>154 DEGREES). EX: EGGS SERVED FOR BREAKFAST HAD TEMPERATURES OF UNDER 154 DEGREES - 145 DEGREES, 130 DEGREES.